



**State of California**  
**Department of Industrial Relations**  
**Division of Apprenticeship Standards**  
[www.dir.ca.gov/DAS/ElectricalTrade.htm](http://www.dir.ca.gov/DAS/ElectricalTrade.htm)  
**Electrician Certification Program**



## **ELECTRICIAN EXAM RETEST FORM**

**Name: Last:** \_\_\_\_\_ **Sfx:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Initial:** \_\_\_\_\_

*Name must match U. S. Drivers License or State ID:*

**Drivers License or State ID #:** \_\_\_\_\_ **D/L State:** \_\_\_\_\_ **Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please PRINT or type all information in INK**

MM DD YYYY

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ - \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

**Retest Exam Language Selection (check one):** ☐ English ☐ Spanish

### **RETEST for Exam(s) Taken but Not Passed**

Check Exam(s) not passed: ☐ G ☐ R ☐ F ☐ V ☐ L

Date(s) taken: \_\_\_\_\_

ECP Tracking Nbr(s) (if known): \_\_\_\_\_

Attach Exam Fee of **\$100 per Exam**. You must wait 60 days to retest an examination.

**G** = General    **R** = Residential    **F** = Fire/Life Safety    **V** = Voice Data Video    **L** = Nonresidential Lighting

### **RETEST for Exam(s) Scheduled but not Taken**

Check Exam(s) not taken: ☐ G ☐ R ☐ F ☐ V ☐ L

Date(s) scheduled: \_\_\_\_\_

ECP Tracking Nbr(s) (if known): \_\_\_\_\_

Attach a Processing Fee of **\$75 PLUS** an Exam Fee of **\$100 per Exam**.

Any retest must be taken **within 1 year** from the date of notification of eligibility to take the original examination.

*I certify under penalty of perjury that all statements and attachments are true and correct.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Submit form with **original** signature and keep a copy for your records.

Incomplete or inaccurately paid forms will NOT be approved.

**Exact payment by check or money order must be payable to 'DIR – Electrician Certification Fund'.**

Mail this completed form with all required attachments to:

**Division of Apprenticeship Standards**  
**Attn: Electrician Certification Unit**  
**PO Box 420603**  
**San Francisco, CA 94142-0603**

(For Office Use) Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Form DAS-ECF3 (03/2007)